

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10-089590**

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
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49						
50						
TOTAL CLAIMS	1		1		1	
TOTAL IND.						
TOTAL DEP.	5					

*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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95					
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97					
98					
99					
100					
TOTAL CLAIMS	1		1		1
TOTAL IND.					
TOTAL DEP.	5				
EXCLUDED CLAIMS	0		0		0
EXCLUDED IND.					
EXCLUDED DEP.					